

South Carolina Department of Social Services
Child Care Regulatory Services
SANITATION INSPECTION REQUEST: CHILD CARE FACILITY

To be completed in full by the Director/Operator and sent along with a **check or money order in the amount of \$60.00 payable to DHEC**. Mail to your DSS Child Care Regulatory Services Regional Office.

The South Carolina Department of Social Services, Child Care Regulatory Services, requests a Sanitation Inspection on behalf of the facility named below.

Type of Facility: ☐ Child Care Center (13 or more children) ☐ Group Child Care Home
☐ Church (☐ Registration ☐ License) ☐ Family Child Care Home

Name of Facility: _____ County: _____ Days of Operation: _____

Facility Address: _____ Telephone: _____

Mailing Address: (If different from above) _____

Name of Director/Operator: _____ Hours of Operation: _____

Overnight care requested? ☐ Yes ☐ No

Directions for locating facility: (Include specific details indicating nearby landmarks when facilities are in isolated rural areas or other hard to find locations. Use back of form if necessary.)

Signature of Director/Operator: _____ Date: _____

Name and Telephone Number of Facility Contact Person:

☐ Director ☐ Operator ☐ Sponsoring Agency Rep. ☐ Owner ☐ Buyer ☐ Other

DSS USE ONLY

Please check type of inspection requested:

☐ New Application ☐ New Construction ☐ Renovation ☐ Follow-Up ☐ Complaint
☐ Renewal _____

Date

Please mail Inspection Report to the attention of _____ at the address shown below:
DSS Regulatory Specialist

Request Date: _____